

ArthroCare Corporation  
595 N. Pastoria Avenue  
Sunnyvale, CA 94086  
(408) 736-0224



Amendment

Atty. Docket No. C-3739\$

Date January 12, 2000

In re application of: PHILIP E. EGGERS et al.

Application No.: 09/054,660

Filing Date: April 3, 1998

Group Art Unit: 3739

For: SYSTEMS AND METHODS FOR ELECTROSURGICAL  
MYOCARDIAL REVASCULARIZATION

I hereby certify that this is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner for Patents  
Washington, D. C. 20231.

Date: January 12, 2000  
K. R. Ruffe

THE ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Enclosed is a petition to extend time to respond.

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☐ If any extension of time is needed, then this response should be considered a petition therefor.

The filing fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR
TOTAL	MINUS	=
INDEP.	MINUS	=
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM		

SMALL ENTITY

RATE	ADDIT. FEE
X9=	\$
X39=	\$
+130=	\$
TOTAL ADDIT. FEE	\$

OR

OR

OTHER THAN A  
SMALL ENTITY

RATE	ADDIT. FEE
X18=	\$
X78=	\$
+260=	\$
TOTAL	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☒ No fee is due.

Please charge Deposit Account No. 50-0359 as follows:

- ☐ Claims fee \$ \_\_\_\_\_
- ☒ Any additional fees associated with this paper or during the pendency of this application.
- Extra copies of this sheet are enclosed.

John T. Ruffe  
Reg. No.: 38,585